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ABSTRACT

Data relating to population and family planning in nine foreign countries are presented in these situation reports. Countries included are Australia, The Gambia, Papua and New Guinea, Rhodesia, Sri Lanka, Taiwan, Tanzania, Tonga, and Western Somoa. Information is provided under three topics, statistical information, general background information, and family planning situation, where appropriate and if it is available. Statistical information includes the area, total population, population growth rate, birth rate, death rate, infant mortality rate, women in fertile age group, population under 15, urban population and others. This information is provided for 1950, 1960, and the present, in most cases. General background covers ethnic groups, language, religion, economy, communication/education, and medical/social welfare. Family planning situation considers family planning associations and personnel; government opportunities for individuals, families, and medical personnel; research and evaluation program plans; government programs; and related supporting organizations. Bibliographic sources are given. (TK)

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IPPF

Situation Report

U.S. DEPARTMENT OF HEALTH EDUCATION & WELFARE NATIONAL INSTITUTE OF EDUCATION

Distribution *

AUSTRALIA

NOVEMBER 1974

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		7,686,848 sq. kms.[1]
Total Population	11,550,462 (1966)	12,755,638 (1971)[1]
Population Growth Rate		1.9% (1963-72)[1]
Birth Rate		20.5 per 1,000 (1972)[1]
Death Rate		8.5 per 1,000 (1972)[1]
Infant Mortality Rate		17.3 (1972)[1]
Women in Fertile Age Group (15-44 yrs)		2,538,598 (1969)[1]
Population Under 15 yrs		29%[2]
Urban Population		84.4%[3]
GNP Per Capita		US$2,870 (1971)[4]
GNP Per Capita Growth Rate		3.2% (1960-71)[4]
Population Per Doctor		847 (1969)[5]
Population Per Hospital Bed		83 (1969)[5]

1. UN Demographic Yearbook 1972.
2. 1973 World Population Data Sheet - Population Reference Bureau Inc.
3. UN Monthly Statistical Bulletin - November 1971.
4. World Bank Atlas 1973.
5. UN Statistical Yearbook 1972.

SE 018 820

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Australia is a Federation of six states which form the Commonwealth of Australia. State governments are autonomous. The Federal government consists of two elected Houses - the Senate in which the states have equal representation and the House of Representatives where representation is based on population. The Federal Prime Minister is the head of government. Canberra is the capital.

Population density is 2 per sq. km. Between 1965-70 1.1 million were added to the population. By 1985 it is expected to be 17 million and is likely to double itself in 37 years. Expectation of life at birth between 1960-62 was 67.92 for males and 74.18 for females.

Ethnic

The majority are basically European, particularly British, but an estimated 122,000 persons have 50% or more aboriginal blood.

Languages

English is the official language.

Religion

The population is Christian - Anglicans 34%; Roman Catholics about 26%.

Economy

As a result of recent oil and mineral discoveries, agriculture's importance has decreased to under 10% of domestic production, but the share of agricultural products in total export trade is still about 70%. Japan is the major importer of Australian raw materials. Manufacturing industry contributes 28% of gross domestic product each year.

Communications and Education

In 1970 there were 58 daily newspapers with a circulation of 4,028,000, i.e., 321 papers per 1,000 population. In 1971, there were 212 radios per 1,000 people, and in 1970, 227 television receivers per 1,000 people.

Education is the responsibility of the states. It is free, and compulsory from the ages of 6-15. In 1969 there were 7,606 government and 2,176 non-government schools. Special services have been developed to meet the needs of children living in the "outback". Some 20,000 are enrolled in correspondence classes and the first School of Air was established in 1950. In 1969 Australia had 14 universities where 109,662 students were nrolled. 95% of males and 96% of females are literate.

Medical

About 21% of the federal budget is allocated to welfare which includes invalid, maternity, sickness and children's allowance. In 1967 there were 2,160 hospital establishments with 144,742 beds. 13,697 physicians, 3,467 dentists, 8,374 pharmacists and 77,237 nursing personnel were providing medical services in 1966.

FAMILY PLANNING SITUATION

The Government is steadily increasing support towards family planning activities. In 1973, Australia made its first contribution to the UNFPA (A$200,000) and IPPF (A$100,000) and also spent A$50,000 on family planning within the country. The Government grant for family planning in 1974 is A$425,000 of which A$250,000 will go to the Association. There have also been improvements recently in the availability of contraceptives. The sales tax has been removed from oral contraceptives and they have been placed on the National Pharmaceutical Benefits List, so that their cost has been reduced by 75%. The voluntary Family Planning Association acts as an active pressure group on all important points pertaining to family planning. Family planning is extensively practised and oral contraceptives are very popular although recently there has been a slight swing away from their usage. However, Australia has the highest per capita usage of oral contraceptives in the world. The general public's attitude towards abortion is becoming favourable. There has also been a change in policy concerning male sterilisation following the ethical clarification by the Australian Medical Association.

Legislation

Laws restricting the advertising of contraceptives have recently been liberalised. Abortion laws were liberalised in South Australia in 1970 where abortion is now legal for medical, eugenic and medico-social reasons. However, an attempt in 1973 to do the same in Canberra failed, as a result largely of a strong religious-based anti-abortion campaign.

FAMILY PLANNING ASSOCIATION

Address

Australian Federation of Family Planning Associations,
197 George Street,
Redfern, N.S.W. 2016,
AUSTRALIA.

Cable: AFPA
Tel: 69-5562

Officials

President: Mrs. V Wilhelm

Executive Officer: Mr. Colin Boyce

History

The Association was founded in 1926, and became an IPPF member in 1953. Until 1968, it was a small organization based in Sydney with one branch in Newcastle. In 1968, the Executive Committee was reformed and a Medical Advisory Committee established. In July 1969, with the development of inter-state representation, this became the National Medical Advisory Council. State branches of the Association have been established in Victoria, Tasmania, South Australia, Western Australia, Queensland and Canberra (Australian Capital Territory). During 1972 the FPA/Northern Territory, and the FPA/New South Wales were formed, thus ensuring central leadership, with the Federal Council of States and Territories having its first meeting in March 1973. In 1974, the Family Planning Association became a federation consisting of 8 member State Associations. It is administered by the Federal Council which has on its board one representative from each

member Association and Chairmen of the various Advisory Committees.

The Association has been attempting over the past few years to play a fully responsible role in relation to South East Asia regional needs and to influence the Government to adopt a liberal policy towards family planning, as well as to fund generously the international family planning agencies. As noted above, the Government has indeed changed its attitude considerably. At the same time the Association is trying to mobilise resources from other organisations such as Freedom from Hunger Campaign and evince their interest in family planning.

The Association has already done much in influencing universities, training colleges and educational establishments, generally to include demographic, medical and sociological aspects of population into current syllabuses. Australia is also being looked to as a potential training country and requests for such facilities have been received from Thailand, Indonesia, Papua and New Guinea.

The first IPPF South East Asia and Oceania Region Medical and Scientific Congress was held in Sydney in August 1972, and the resultant publicity greatly increased the acceptance and interest in family planning in Australia. In 1973 the first Biological Symposium on radioimmunoassay of steriod homones and in 1974 the second symposium on the fertilised ovum and its environment were held at the University of New South Wales in Sydney.

Services

Services have expanded rapidly, with the Association now providing family planning services in 60 clinics with two mobile units and 21 clinics pending. These clinics recorded a total of 15,982 visits in 1973. All methods are offered. A charge of A$15 is made for an IUD insertion.

There is a noticeable increase in vasectomy acceptance, especially as a result of the ethical clarification by the Australian Medical Association and by the publicity given by the Association. The 1000th operation took place in New South Wales' two year old vasectomy clinic at the end of 1973.

The Association's clinics provide other services like papanicolau smears, pre-marital/marriage counselling and referral for vasectomy.

The Association also started youth advisory clinics, known as Braestrup Advisory Centres, in June 1971. These clinics are held periodically at the headquarters and are for the convenience of young or unmarried people.

Aborigines

The aboriginal population is increasing at a greater rate than that of the European, and, with the breakdown of traditional society, the increased number of children born into aboriginal families are a great problem. Hence many studies have been made concerning this growing percentage of the total population, and the first family planning services for them were initiated during 1972 on a trial basis with financial support from the Department of Social Welfare and Child Welfare. A comprehensive programme was developed, with clinics being established and community health nurses being trained in family planning. The Aboriginal and Rural Programme entered its second stage in 1973/74, with further consolidation and expansion.

Information and Education

This is one of the most rapidly developing areas of the AFFPA, and all types of media are used, including articles and advertisements in the press and films. In fact, more than 26 different films are available through the AFFPA film library. Family planning is also included in radio "Ring-in" programmes, as well as on television interviews. The recent relaxation of laws applying to advertising and the media in general will enable greater scope in the education sphere.

The Association has a community education programme which provides speakers, films and literature to interested organisations and groups. There is an increasing demand for such lectures and hence more trained personnel are being supplied. Specialised brochures have been developed to suit local requirements, such as for migrant, aboriginal, urban and rural populations.

Sex education is an important aspect which has been catered for particularly with the "Lessons for Living" courses held in such places as the Braestrup Advisory Centre, where sessions are attended by adolescents, parents, teachers, councillors and social workers, even though such Centres are primarily concerned with youth. There is an increasing involvement by youth, both in and out of school.

A Communications Advisory Committee has been established with a skilled Communications Officer. This unit is concerned with the press, public relations, publicity and information services.

The AFFPA and the Division of Postgraduate Extension Studies are collaborating on a course on "Family Planning Practice: problems and prospects" to be presented in a series of 10 TV programmes over Television University. Two seminars will also be organised related to the course.
The course is aimed to educate general practitioners, teachers, counsellors, consultants, paramedics, students, social workers, community and health personnel.

Training

The Association in every state is actively engaged in the training programme, mostly aimed at doctors and nurses, but gradually extending to other groups. The size of Australia is a great challenge, especially with states of such large area as Western Australia, and there is a serious training manpower shortage. A National Training Committee was set up in June 1971 to coordinate and advise on training in the region.

Specific programmes of note include sex education courses run by association members, for example for school teachers in Victoria. Special training is necessary for the aboriginal family planning programmes.

Australia has been recognised as a potential centre for the training of personnel from the surrounding IPPF South East Asia and Oceania Region (including Papua and New Guinea) and there are plans to create an international training centre for population educators at Macquarie University in conjunction with Penang University. The former has already been a venue for Summer Workshops on Population, the latest being in January 1974. In July 1974 a seminar/ workshop on Training for Trainers was held, to review existing curricula, and develop skills in curriculum development and teaching methodology. The Association also provided orientation for the participants of the special course for Asian Educational Planners held at Macquarie University in 1973.

Research and Evaluation

Clinic trials were undertaken for (a) Megestrol Acetate in oil 0.5, (b) SU 4 (Step-up Ovulen), (c) CU 7 Searles, and (d) Blood Serum.

A Socio-Economic Survey was undertaken of 3,000 cases by final year students, Department of Demography, Macquarie University, under Dr. Yusuf. The report is nearing completion.

A study on asymptomatic gonorrehea was conducted in conjunction with Department of Health, New South Wales.

A study of a standard clinic card system is under progress with the Macquarie University and Adelaide University.

A preliminary report of Legal Approach to Family Planning in Australia has been completed. This project is carried out in co-operation with Monash University.

Data analysis and patient costing is progressing in conjunction with the Demography Department of the Macquarie University. Other studies include a Family Planning Survey (random samples) with Macquarie University and a comprehensive survey in Victoria by the Australian National University.

The Aboriginal Survey conducted by Professor L Cox, University of Adelaide, has been completed.

The Arid Zone project carried out in New South Wales, has resulted in a request for a family planning clinic for Aboriginals in Queensland.

2 further projects on the acceptability of contraception by Australian aboriginal women in areas north and west of Port Augusta and in the north west region of South Australia are being carried out with the University of Adelaide.

GOVERNMENT

The Government has signed the UN declaration on population.

From having no policy towards family planning, the Government is now increasing its approval. In fact, since February 1973, the Federal Government has supported family planning organisations in Australia with $350,000 a year. $200,000 is directed to the FPAA, and $100,000 to the Catholic family planning centres, while $50,000 is made available to other voluntary organisations actively involved in family planning services. In 1974 the total grant is $425,000. The Association's opinion is increasingly being sought concerning medical, educational and informational matters both at Federal and State level. WHO has made recommendations concerning training and facilities and the National Health and Medical Research Council at its 72nd Meeting "reaffirmed that family planning facilities should be made readily available".

Training

Specialised training courses for medical personnel both within Australia and overseas are carried out. With assistance from the Colombo Plan and through the Association, a Training Centre is planned to cater for the regional demand.

OTHER ORGANIZATIONS INVOLVED IN FAMILY PLANNING ACTIVITIES

Community Aid Abroad - is funding the Association for a project to provide cytology training for Thailand.

Abortion Law Reform Association - good liaison has been established - FPAA pamphlets distributed with ALFA Newsletter.

Marriage Guidance Council - liaison established by the Association.

Family Welfare Bureau - the Association has established liaison with increasing referral.

Association of Blind Citizens - sends members to AFFPA Clinics. Contacts are being developed with all community organizations likely to be interested in family planning.

Whyalla Counselling Service - liaison established with the Association.

Catholic Family Life Centre in Sydney - Father J Barry is responsible for the operation of family planning centre teaching the ovulation method in the New South Wales area.

The Good Neighbour Council.

Family Life Movement in Newcastle rents one of the Association branch rooms and also other types of liaison established.

The Population Council is supporting reproductive research at Sydney and Flinders Universities.

SOURCES

FPAA Newsletters

FPAA Annual Reprots

Europa Yearbook 1972.

APPENDIX

The Family Planning Association - Australian State Association Addresses

The Family Planning Association of Australia,
Australian Capital Territory,
Beauchamp House,
Edinburgh Avenue,
Acton,
AUSTRALIAN CAPITAL TERRITORY 2601.

Family Planning Association, Queensland,
239 Brunswick Street,
Fortitude Valley,
QUEENSLAND 4006.

The Family Planning Association of South Australia,
74 Fairford Street,
Unley,
SOUTH AUSTRALIA, 5061.

The Family Planning Association of Victoria,
259 Church Street,
Richmond,
VICTORIA 3121.

The Family Planning Association of Western Australia,
28 Broadway,
Nedlands,
WESTERN AUSTRALIA 6009.

The Family Planning Association Northern Territory,
Box 3158,
Darwin,
Northern Territory,
AUSTRALIA 5794.

The Family Planning Association of Tasmania Inc.,
12 Ellerslie Road,
Battery Point,
TASMANIA 7005.

The Family Planning Association in New South Wales,
92 City Road,
Chippendale 2008,
AUSTRALIA.

IPPF

Situation Report

THE GAMBIA

JANUARY 1975

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		11,295 sq. kms.
Total Population	301,000	494,279 (1973)[1].
Population Growth Rate		4.7% (1973)[1].
Birth Rate		42.5 per 1,000 (1965-70)[2].
Death Rate		23.1 per 1,000 (1965-70)[2].
Women in Fertile Age Group		80,674 (1963)[3].
Population Under 15 yrs	29.6%	45% (1969)
Urban Population		9.4% (1970)[3].
GNP Per Capita		US$140 (1971)[4].
GNP Per Capita Growth Rate		2.1% (1965-71)[4].
Population Per Doctor		18,947 (1969)[2].
Population Per Hospital Bed		803 (1968)

1. Census result.
2. UN Statistical Yearbook 1973.
3. UN Demographic Yearbook 1973.
4. World Bank Atlas 1973.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Having previously been a British colony, The Gambia became independent in 1965. Africa's smallest state, it is essentially the valley of the navigable Gambia River and, in most places, is only 15 miles wide. Apart from a very short coastline, The Gambia is surrounded by Senegal; the two countries have common physical and social phenomena, but differ in history, colonial experience and economic affiliations.

The Gambia's 1973 census showed an increase in the population of 57% over the 1963 census results; however, it is possible that this figure is somewhat exaggerated due, on the one hand, to undercounting in the preceding census and, on the other, to refugees from the drought-stricken area of the Sahel congregating near the river with their cattle. Nevertheless, if the census estimate of a 4.7% growth rate is accurate, then The Gambia, with one of the smallest populations in Africa, has the highest rate of increase.

Banjul, formerly Bathurst, is the capital city with a population of 48,333 (1967). Population density is about 34 per sq. km.

Ethnic Groups

The population is divided into five main tribal groups, the Mandingo, Fula, Woloff, Jola and Samahuli.

Language

English is the official language, but the tribes speak their own languages.

Religion

The vast majority of people are Muslims; there are a few animists - mostly of the Jola tribe. There are Roman Catholic Anglican and Methodist churches and missions.

Economy

Even by tropical African standards, The Gambia is minute as a national economy. Groundnuts have for long constituted all but a few per cent of exports of domestic produce, but there is also a substantial re-export trade, partly illicit, with the surrounding territory of Senegal. By African standards, the human and livestock densities are high, and, in the light of estimated rates of increase, the Government has recognized the need for more intensive agricultural practices. Agricultural diversification continues with early pilot schemes being expanded to commercial scales.

The dependence of the government's development expenditure on external aid is likely to persist, and the country's dependence on a single cash crop leaves it exceptionally exposed to fluctuations in its harvests and in world prices for oilseeds.

Communications/Education

At the beginning of 1965, there were 322 miles of all-season roads and about 470 miles of local roads available in the dry season. The South Bank trunk road linking Banjul with the Trans-Gambia highway was completed during 1963 and is being extended to Basse. There are regular shipping services to Banjul and a weekly river service between Banjul and Basse. There is one airport at Yundum, 7 miles from Banjul.

Radio: 157 sets per 1000 (1972)

Less than 20% of school-age children attend school. Primary education is mainly in non-compulsory state schools. Missions run some primary schools and about half of secondary education. There is no university.

1972-73	Schools	Teachers	Pupils
Primary	95	414	19,421
Secondary	22	190	6,378
Vocational	2	13	178
Teacher Training	1	16	148

Medical/Social Welfare

In 1967, infant mortality was estimated at 122 per 1,000 in Banjul, and 500 per 1,000 in rural areas where health services are sparse. In 1970, there was 1 hospital in Banjul, 9 rural health centres, 24 dispensaries and 34 sub-dispensaries. There is also a school of nursing and midwifery. An increasing demand for abortion, particularly in the Banjul-Kombo-St. Mary area has been reported.

Life expectancy is 41 years for both sexes.

FAMILY PLANNING SITUATION

Family planning services are provided by the Family Planning Association of The Gambia (FPAG) at its five clinics and at a number of health centres which are visited by FPAG staff. There is no government family planning programme, but certain medical officers do run family planning sessions in the hospitals on behalf of the Association. However, there are indications that a move will be made to urge the Government to adopt a population policy and to accept a plan for the integration of family planning services as a normal part of the national health services.

Attitudes

The Government looks favourably upon the Association and provides assistance in kind. The Government of The Gambia has allocated, free of charge, a plot of land for the new headquarters building.

Legislation

There is no anti-contraceptive legislation.

FAMILY PLANNING ASSOCIATION

History

The Association was formed in 1969 by Dr. S J Palmer, a recently retired Medical Superintendent, with the assistance of the Pathfinder Fund and IPPF. Up till March 1971 FPAG did not have its own clinic, and patients were referred to a clinic run by Dr. Palmer at Kanifing, about 10 miles outside Bathurst. The FPAG clinic was officially opened in November 1971, although patients began to be received earlier in the year, in March. FPAG became an associate member of IPPF in 1971.

Address

Family Planning Association of The Gambia,
7 Buckle Street,
P.O. Box 325,
Banjul,
THE GAMBIA.

Telephone: Banjul 8159

Officials

Chairman:	Mr. G J Roberts
Vice-Chairman:	Rev. J C Faye
Executive Secretary:	Mr. J Taylor-Thomas
Medical Advisor:	Dr. S J Palmer
Information and Education Officer:	Mrs. F Sise

Services

GFPA operates five clinics; it is not intended to open any new clinics in 1975, but rather to ensure that those opened in 1974 become well-established.

New acceptors at the one clinic in Banjul in 1973 were as follows:

Method	New Acceptors	Continuing Acceptors	Total Visits
Oral	546	372	1,285
Injectable	92	71	61
IUD	351	545	741
Condom	481	no record kept	1,053
Other (Spermicides)	169	"	129
Sterilization	-	-	-
TOTAL	1,639	988	3,269

The figures for continuing acceptors are not truly indicative of the total number since, for some methods records are kept for urban areas only and for others no record is kept at all. Despite its size, the Association has managed to expand its activities to the provinces.

Figures for the first half of 1974, by which time the FPA had opened four more clinics, were as follows:

Method	New Acceptors	Continuing Acceptors	Total Visits
Oral	327	390	606
Injectables	101	113	126
IUD	63	208	276
Condom	300	no record kept	432
Other (Spermicides)	-	"	-
Sterilization	-	-	-
TOTAL	791	711	1,442

Information/Education

Until April 1973, when an Information and Education Officer took up her post, the administrator carried out this function. GFPA is working among both youth and various groups of rural extension personnel. Literature on family planning is published in the local languages. In 1974, it is planned to increase the motivational literature in two of the local languages and to begin the publication of motivational literature in other local languages.

GFPA continues to hold its annual family planning week during which film shows, talks, symposia and exhibitions are held. In 1973, seminars were held with the theme The Need for Family Planning and the aim of stimulating a better understanding of family planning. Participants included urban dwellers, students, social workers, civil servants and people from the rural areas, and others. Similar meetings for local authorities are to be held in 1974 and, in 1975, it is proposed to organize follow-ups to these meetings.

In 1975, the Information and Education Department will work in close collaboration with the fieldwork cadre so that it will receive feedback from its programmes. Thus, the fieldwork cadre will be more involved in preparing suitable family planning posters, handouts, pamphlets, magazines and the like. Also in 1975, GFPA plans to produce a quarterly magazine in four local languages which will contain family planning news.

Training

In 1973, two fieldwork supervisors and four welfare assistants attended a two-week in-service training course organized by the Planned Parenthood Association of Ghana. Twelve fieldworkers received six weeks' training in the rural areas in which they will be working. In-service training continues during 1974, but will cease in 1975. The Administrator attended the programme management course at Governmental Affairs Institute (GAI), Washington.

ASSISTANCE

IPPF gives an annual grant and has, in addition, provided a loan to complete the construction of the new headquarters building.

USAID has provided a grant towards the construction of the new headquarters building.

UNFPA provided funds for the census taken in 1973.

SOURCES

The Gambia ½-yearly Report 1973.

The Gambia ½-yearly Report 1974.

Africa South of the Sahara 1972/73.

Africa Contemporary Record 1972-3.

Situation Report

Distribution

PAPUA & NEW GUINEA

NOVEMBER 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01 839 2911/6

NEW INFORMATION

FAMILY PLANNING ASSOCIATION

A voluntary family planning association was formed on 4th July 1974.

Address

Family Welfare Association Papua New Guinea,
P.O.Box 7123,
Boroko,
PAPUA NEW GUINEA.

Officials

President:	Mr. Eliot Elizah
Vice-President:	Mrs. T Diro
Hon. Secretary:	Miss Dawa Masere
Hon. Treasurer:	Mr. Thomas Liveras

Programme

The Association is receiving excellent support of the Health Department of Papua New Guinea, which has seconded a health education specialist to the Association for a term of two years to enable the Association to pursue its work programme. Further, the Health Department has made available space in a clinic for use by the Association as its office and has also placed its meeting room for the Association's use in conducting meetings and seminars.

The Association has printed some training pamphlets and booklets for nurses and fieldworkers in English and Matu, the local language, and has also participated actively in the major events of the IPPF South East Asia and Oceania Region.

The future plans of the Association include the promotion of education in family welfare, promotion of awareness and acceptance of family planning, training of health and social workers in all aspects of family planning and ensuring the availability and proper distribution of contraceptives.

Situation Report

Distribution *

RHODESIA

Date JANUARY 1975

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		389,361 sq. kms.
Total Population	3,640,000	5,887,600 (1973)[1].
		African 5,590,000
		European 270,000
		Other 27,600
Population Growth Rate		3.6%[2].
Birth Rate		52 per 1,000[2].
Death Rate		16 per 1,000[2].
Infant Mortality Rate		122 per 1,000[3].**
Women of Fertile Age		1,059,883[3].
		African 998,210 (1969)
		European 56,259 (1972)
		Other 5,414 (1969)
Urban Population		15.9%[3].
		African 12% (1969)
		European 3.5% (1969)
		Other 0.4% (1969)
GNP Per Capita		US$422.37 (1973)[2].
Population Per Doctor		6,721 (1972)[2].
Population Per Hospital Bed		343 (1972)[2].***

1. Africa South of the Sahara 1974.
2. Figures supplied by the Family Planning Association of Rhodesia.
3. UN Demographic Yearbook 1972.

** The European Infant Mortality Rate is 21 per 1,000; no estimate is available for the African Infant Mortality Rate.

*** Figure for Government hospitals only.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Rhodesia declared unilateral independence from Britain in November 1965 and announced republican status in March 1970. The new regime has continued the policy of racial separation of land which has been in force since 1930. Under the Rhodesian Land Tenure Act of 1969, 40 million acres were allocated to the European farmers and another 45 million acres were given to the 600,000 African farmers. Under the Act these allocations cannot be amended by more than 2% either way. Most of the African farmers live in the Tribal Trust Lands - that is land occupied by Africans according to tribal custom.

Ethnic Groups

According to the 1969 census, the population of Rhodesia comprised 4,618,000 Africans, 229,000 Europeans and 24,000 Asian and Coloured citizens; in 1973, the estimates were 5,590,000 Africans, 270,000 Europeans and 27,600 others.

Language

The official language is English. The African population is divided into two main tribal or linguistic groups: the Ndebele and the Shona (c.80%).

Religion

Most Africans follow traditional beliefs; about 20% of the population is Christian and, of these, 15% is Roman Catholic.

Economy

Rhodesia is landlocked and depends largely on access to ports in South Africa and Mozambique for its overseas trade. The country is rich in natural resources and almost self-sufficient in primary products. Mineral deposits include gold, asbestos, copper, nickel, chrome and tin. The high rates of growth achieved by the Rhodesian economy in 1971 and 1972 seem unlikely to have been repeated in 1973 because of the combined effects of the bad drought, closure of the border with Zambia and the deteriorating security situation. The drought had a serious effect on the output of the major crops, notably maize, cotton, wheat and tobacco, which was only partly offset by the boom in world commodity prices. The steady reduction in the importance of agriculture and mining in the Rhodesian economy and the associated growth in the importance of manufacturing and the tertiary sectors indicates Rhodesia's transition from underdeveloped to semi-developed status. Thus, the Rhodesian economy is structurally more akin to the South African than the Zambian economy.

The best agricultural land (best rainfall, soils, water resources and communications) falls mainly within the European sector. The African agricultural sector produces less than half as much as the white sector; an average European farmer in Rhodesia earns sixteen times more than his African counterpart. Most of the African farmers live in the Tribal Trust Lands which cover 40 million acres and support a population of 3 million. Conditions in this area are poor: primitive subsistence agriculture, over-stocking and soil erosion combine to keep living standards desperately low. The rural economy is further weakened by a steady migration of males to centres of employment: in 1972, African employees comprised 88.3% of the total work force.

Since the Unilateral Declaration of Independence, Rhodesia has been subject to economic sanctions by members of the United Nations; this has forced the economy to concentrate on production for domestic consumption rather than for export, but foreign trade still continues.

Communications/Education

Newspapers:	15 copies per 1,000 (1971)
Radio:	28 sets per 1,000 (1970)
Television:	9 sets per 1,000 (1971)
Cinema:	3 seats per 1,000 (1961)

47% of Rhodesia's population is under 15 years of age and, while most people go to primary school, only 12% go to secondary school. Of the African population, only 2% go on to secondary school.

Estimated expenditure for African education in 1973-74 was R$22.4m., and for non-African education was R$20.1m. There were 795,337 African pupils in 1973 and 75,867 non-Africans. The University of Rhodesia provides multi-racial higher education, and in 1973 the total enrolment of students was 1,076, including 400 Africans.

FAMILY PLANNING SITUATION

Family planning services are now available from approximately 570 locations throughout the country; these comprise clinics of the Family Planning Association of Rhodesia (FPAR), municipal and town council clinics, African council clinics, government hospitals, mission hospitals and clinics, mines, estates, schools and private doctors' surgeries. Of these 570 locations, 228 have a relationship with the FPAR. FPAR has 6 main branches: Matabeleland (Bulawayo), Midlands (Gwelo), Manicaland (Umtali), Victoria Province (Fort Victoria), Bindura and Umvukwes.

Attitudes

There is no co-ordinated policy for planned parenthood in Rhodesia, but close cooperation exists between FPAR and the Ministry of Health. Since 1966, when it agreed to include family planning services in the Ministry of Health's Mother and Child Care programme, the Government has become increasingly interested in family planning and has taken over many of the tasks previously carried out by the Association. Recently the Minister of Health, in the House of Assembly, said "there is no doubt that proper family planning is one of the major keys in the involvement, development and betterment of the social and economic standards of living of the under-developed people of the world".

The Ministry of Health and the Rhodesian State Lotteries Trustees give financial assistance to FPAR.

Legislation

There is no anti-contraceptive legislation. Abortion is illegal except to save the life of the mother.

FAMILY PLANNING ASSOCIATION

History

Attempts to introduce family planning as a service for the general population of Rhodesia began in the 1950s. Initial efforts to establish an association met with hostility from both Africans and Europeans, but the idea gradually gained acceptance as a result of a careful education programme. Rhodesia was the first African country to use the pill and the loop. The FPAR was founded in 1957 and, in 1966, the Government agreed to include family planning services in the Ministry of Health's Mother and Child Care programme.

Address

Family Planning Association of Rhodesia,
P.O.Box ST 220,
Harari Hospital,
Southerton,
Salisbury,
RHODESIA. Telephone: Salisbury 24347/23056

Officials

Chairman:	Mr. R Burningham
Executive Director:	Mr. Peter Dodds
Medical Director:	Dr. Esther Sapire
Information and Education Officer:	Mr. A Ndhukula

Services

The national body of the FPAR runs 14 mobile units and 13 fixed clinics. At most of the fixed clinics, the local government authority concerned reimburses the FPA with half the cost of the salary of the staff, while the FPA provides all the equipment and contraceptives. The FPA has a devolving clinical role, other than through its training centres and mobile clinics, and it is planned to hand over even these to local authorities once these authorities are in a position to administer and fully finance them. The FPA's role is now principally one of training, information and education.

At 16 clinics run by FPAR in 1973, new acceptor figures were as follows:

Method	New Acceptors
Orals	4,021
Injectables	7,535
IUDs	133
Other	5
TOTAL	11,694

There were 20,127 continuing acceptors, but no method breakdown was available as the formula for producing estimates was under revision.

Figures for the first half of 1974 at the 14 mobile clinics, the 13 fixed clinics and the new training centre were as follows:

Method	New Acceptors	Continuing Acceptors
Orals	2,691	6,058
Injectables	4,683	7,547
IUDs	115	154
Condom	-	-
Other	8	8
TOTAL	7,497	13,764

Of the 570 locations from which family planning services are available, only 117 report regularly; FPAR is concentrating on getting better clinic returns, initially from all clinics in which the fieldwork cadre works, but eventually from the whole country.

Patient attendances at the Spilhaus Centre exceed 24,000 per annum, of which 25% are new patients.

The FPA is running a pilot family planning project at Chipanga where there are no government MCH facilities.

Information and Education

The FPA is the only body in Rhodesia devoted to educational and motivational work and training in family planning.

FPAR produces a weekly radio programme in 2 languages; the Information and Education Officer receives assistance from advertising agents in making these programmes. However, a new advertizing code has recently been introduced by the Government covering all aspects of medical support for clinics, drugs and contraceptives and it may be necessary to make some changes in the programmes.

In 1973, the FPA made 6 short films in the vernacular; this brings the total number of films made by the FPA to 13.

The Bulawayo branch provides family planning literature in Portuguese for immigrants from Mozambique.

The FPA plans to review all its motivational literature during 1974/75.

The Spilhaus Centre provides psycho-sexual counselling as well as training courses, and sex education is provided at the Family Planning Centre and in schools.

In 1973, the entire education division was reorganized so that Africans now head the team and organize the work. The fieldworker force underwent a similar reorganization, and female fieldworkers are being recruited to work in MCH Centres and in the ante and post natal units of hospitals. The FPA now has a total of 126 fieldworkers and, while previously all were male, now approximately half are female. It is proposed to increase the cadre by 12 group leaders and 148 field educators in 1975.

The work of the fieldworker force in rural areas is closely linked with the rural council clinics and the visits of the mobile clinics. Recently FPAR has been concentrating on the creation of medical and educational units working on industrial and agricultural estates and it is in these areas in particular that the new recruits will be deployed.

FPAR also employs Liaison Officers who act as co-ordinators between those clinics which receive FPAR assistance and the headquarters, and link the motivational and educational work with the clinical services. In border areas where there have been outbreaks of fighting they try and persuade farmers to transport potential acceptors to a central point where they can obtain services.

Training

The national body of the FPA runs 2 training centres: one at the Spilhaus Centre attached to Harari Hospital and one opened in mid-1974 at the Mpilo Hospital at Bulawayo.

The Spilhaus Centre provides a variety of training services viz:

- 1 month's training for nursing sisters with an additional month of in-service training for FPA staff. This course qualifies the nursing sisters to initiate and supervize the provision of all contraceptive methods. During 1973, 32 midwives and nurses from FPAR, 86 from other agencies and 29 from government service received this training.

- All 5th and 6th year medical students attending the medical school of the University of Rhodesia receive lectures in family planning and attend clinic sessions.

- Doctors - both general practitioners and family planning clinic doctors - from all over the country attend a three-day course in family planning.

- Sisters, midwives and the nursing staff of the teaching hospital in training are given lectures on family planning, and health educators attend a one-week course in family planning.

In addition, the Centre holds seminars and refresher courses and provides an information service for family planning personnel.

The Mpilo Hospital at Bulawayo provides training for those people who do not have ideal clinic facilities in which to work.

Research/Evaluation

In 1974, particular attention is to be paid to defaulters/drop-outs through house visits.

A system of measuring new acceptors referred by the fieldworkers has been established: the fieldworker issues a referral slip to a person who agrees to attend a family planning clinic and these are compared monthly with the number of referral slips actually received by the sister in charge of the clinic in the appropriate area.

GOVERNMENT

Since 1966 when the Government agreed to include family planning in its Mother and Child Care programme, its interest and role in family planning has steadily increased. Family planning services and supplies are now widely available as part of routine health services, and since July 1970, the price of contraceptives has been subsidized by the Government. The number of new acceptors attending government and other clinics (apart from those run by FPAR) in 1973 was 19,614; continuing acceptors numbered 44,417.

The Ministry of Health runs a scheme employing 'Pill Agents' to cope with an increasing demand for pills. These agents are African men and women who travel round the country supplying oral contraceptives to women in remote areas. No formal training has been given to these agents so far.

The aim of the Working Party on Population Education within the Ministry of Education, of which the FPAR's Executive Director is a member, is to ensure that all pupils receive adequate education in population dynamics, biology and human reproduction within the school curricula.

In view of the disparity between the African and European birth rates, some concern has been expressed in government circles about Rhodesia's demographic future. The Association has spoken out against any official measures to encourage an increase in the European growth rate and to discourage the African growth rate.

OTHER ASSISTANCE

IPPF gives financial support to the Family Planning Association.

Situation Report

Country SRI LANKA Date SEPTEMBER 1974

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			65,610 sq. kms.[1]
Total Population	7,678,000	9,869,000	13,033,000 (1972)[2]
Population Growth Rate	2.5	2.7	2.3% (1963-72)[2]
Birth Rate	34.7	36.5	29.9 per 1,000 (1971)[2]
Death Rate	12.4	8.6	7.6 per 1,000 (1971)[2]
Infant Mortality Rate			48 per 1,000 (1973)[3]
Women in Fertile Age Group (15-49 yrs)			3.2 million (1971)[4]
Population Under 15			41% (1973)[3]
Urban Population			22.4% (1971)[4]
GNP Per Capita			US$100 (1971)[5]
GNP Per Capita Growth Rate			1.8% (1965-71)[5]
Population Per Doctor			3,698 (1968)[1]
Population Per Hospital Bed			332 (1969)[1]

1. United Nations Statistical Yearbook 1972.
2. UN Demographic Yearbook 1972.
3. 1972 World Population Data Sheet - Population Reference Bureau.
4. 1971 Census Report.
5. World Bank Atlas 1973.

* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Sri Lanka is a parliamentary democracy and a member of the Commonwealth of Nations. Executive power is vested in the Cabinet. The country is divided into 21 administrative districts administered by central government officials. The capital and commercial centre is Colombo.

Population density was 199 per sq. km in 1972. The Ministry of Planning and Employment in 1972, in its spadework on the medium term development plan, calculated high, medium and low population projections - based on alternative assumptions regarding future fertility levels covering a 25 year period from 1973-1998. The high projection assumes a population of 26.2 million in 1998 (i.e. double the present population). The lowest projection assumes a population of 19.7 million in 1998 (i.e. 53% increase).Other interesting statistics regarding the Sri Lankan population are: about 50% of all Sri Lankans now alive have been born since 1950. There are 72 child dependents per every 100 population of working age. 76% of births are occurring to mothers in the age group 20-34 years. This, according to the study, is a crucial factor in determining the size of future births. It is estimated that the number of mothers in this age group will increase from 1,467,000 in 1971 to 1,991,000 in 1981, which is an increase of 36%.

Ethnic Groups

Sinhalese form 71.0% of the population and Indian Tamils 10.6%. The other groups are the Indian Moors, Burghers, Eurasians and Malays.

Language

Sinhalese is the official language and is spoken by about 70% of the people. Tamil and English are also widely spoken.

Religion

More than 70% of the population are Buddhist; about 20% Hindus; there are Christian, Roman Catholic and Muslim minorities.

Economy

Sri Lanka has a primarily agricultural economy. It is the second largest producer of tea in the world. One third of its national income is derived from the cultivation and processing of tea. Other main exports are rubber and coconut. Sri Lanka is concentrating on developing its water resources and manufacturing and handicraft industries. It has a mixed economy and the government sector extends to 28 industrial corporations, insurance, transport and oil distribution. U.K. is its main trading partner; followed by China with whom Sri Lanka has concluded a rice - rubber barter agreement.

Communication/Education

In 1970 - 17 daily newspapers were published with a circulation of 612,000 i.e. 49 newspapers per 1,000 population. There were 17 non-dailies during the same year. Sri Lanka had 500,000 radio receivers and 28 transmitters and 293 cinemas with a seating capacity of 142,500 in 1970.

Education is compulsory between the ages of 5-14 and free throughout. About 350,000 children enter school every year and over 80% of the children are in school. There are 9,502 primary and secondary schools; 27 teacher training schools and 28 special schools. There is one university with five campuses, 2 medical colleges and many technical colleges. 89.7% of males and 75.4% of females are literate.

Medical

There is a network of hospitals, clinics and dispensaries, where treatment is free. In 1969, there were 310 hospital establishments with 36,847 beds. 3,242 physicians, 194 dentists, 1,314 pharmacists, 4,382 nurses and 3,804 midwives provided services in 1968.

FAMILY PLANNING SITUATION

Family planning work on an organised basis has been carried out for more than 20 years in Sri Lanka by the Family Planning Association, alone until 1958, when the first agreement was made between the governments of Sri Lanka and Sweden for a pilot project. The Government of Sri Lanka assumed full responsibility for the provision of family planning clinic services in 1965, through its MCH services. Nevertheless, successive governments avoided making public statements on policy. The Five-Year Plan announced in 1972 reflects a positive policy towards family planning. The IPPF Indian Ocean Regional Office is located in Colombo.

Legislation

There is no anticontraceptive legislation in Sri Lanka.

Abortion

Legal for therapeutic reasons only.

FAMILY PLANNING ASSOCIATION

Address

Family Planning Association of Sri Lanka,
37/27 Bullers Lane,
Colombo 7,
SRI LANKA.

Officials

President:	Professor D A Ranasinghe
Honorary Secretary:	Mrs. Phyllis Dissanayake
Honorary Treasurer:	Mr. G N Fernando
Executive Director:	Ltc. Col. D Hapugalle
Medical Director:	Dr. (Miss) Siva Chinnatamby

History

The FPA was founded in 1953 and became an IPPF member in 1954. Some of the founder members pioneered family planning before the war - but during the war years this was brought to a halt. The first government grant was given to the Association in 1954 and 10 years later 155 clinics were operating throughout the country. As a result of the Government assuming responsibility for the provision of clinics, most of these were handed over to the health

authorities. The FPA became an incorporated body in April 1970. In 1973, the Association re-examined its policy recognising that family health is a governmental priority programme. The Association therefore decided to shift its emphasis from spacing to limitation, which implies that greater stress will be placed on sterilisation rather than on conventional methods.

Medical and Clinical

In 1973, the Association provided services through 25 clinic premises to 8,174 new and 20,858 continuing acceptors. Of the new acceptors 1,304 chose orals, 1,299 IUDs, 693 injectables, 534 condoms, 2,630 vasectomies and 1,714 other methods.

Of the 25 clinics, 22 are located in Colombo - in addition to 10 clinic sessions at its headquarters, the FPA runs clinics at 4 government hospitals and 8 other institutional centres. The clinics at headquarters also serve as training and demonstration centres for doctors and paramedical staff. The work of the clinics is supported by a cytology unit established in 1970.

The industrial sector programme was initiated in early 1973. Each of the firms included in the programme has been exposed to an education and service programme. The emphasis has been on vasectomy, but clinic services of conventional methods were also provided. Uptil March 1974, 9,300 employees have been exposed to the programme, out of whom 393 recruited for vasectomies.

The estates programme was expanded during 1973 and has recorded 1,415 vasectomies, with a follow-up of 542 cases. The Planters' Association Estates' Health Scheme is collaborating with the FPA to provide education and motivation through female and male propaganda officers in preparation for the visit of the medical team which accompanies the mobile clinic if the Estate does not have a hospital, maternity home or sufficient dispensary space in which the vasectomies can be carried out.

The two main rural programmes - the Kandy Rural Project and the Batticaloa Pilot Project - involve and mobilise the resources of the District Administration, Divisional Revenue Officers and Grama Sevakas (village headman), health staff and volunteers. The main emphasis in both these projects is on vasectomy.

Information and Education

During 1973, advertising campaigns of the Association were stepped up. Nine advertisements were used reaching 422 insertions in newspapers and weeklies in the English, Sinhala and Tamil media. Two quiz programmes have been broadcast in 1973 - one 30 minutes in Sinhala and one 15 minutes in Tamil. Spots have also been broadcast in all three languages.

Use was also made of packaged audio visual programmes, film and slide shows and pamphlet and leaflets.

Training

125 government doctors were trained in contraceptive techniques, clinic management and family planning education.

Research and Evaluation

Research on depo-provera was carried out. Trials in Kandy on 100 Saf-T-Coils have been started since 1972. Other work in this field includes the investigation in continuation, drop-out, failure and acceptability rates for various methods.

Conferences/Seminars

The Twenty-first Anniversary of the FPA was celebrated in January 1974 by convening the First International Scientific Congress. An important feature of the Congress was the involvement of Ayurvedic practitioners and paramedical personnel.

Non Clinical Distribution of Contraceptive

Under the auspices of the IPPF, Population Services International commenced a two-year pilot project in February 1973 in Non-Clinical Contraceptive Social Marketing. The nationwide condom marketing scheme, including the mass media campaign through newspapers, radio and cinemas started in October 1973. 3,600 condom retail outlets, backed by mass advertising are used to sell the condoms for 40 cents a packet containing 3 condoms. By the end of June 1974, 2.9 million packets were already distributed. It is estimated that about 4 million packets will be distributed by the end of the first year of the programme.

GOVERNMENT

Officials

Minister of Health:	Mr. W P G Ariyadasa
Deputy Minister of Health:	Mrs. Siva Obeyesekera
Secretary, Ministry of Health:	Mr. Gunawardena (acting)
Director of Health:	Mr. S A Wickremasinghe
Director Family Health Bureau and Assistant Director Maternity & Child Health:	Dr. S Y S B Herath

Organisation

The Ministry of Health is responsible for national family planning activities and works through the Family Health Bureau of the Department of Health. The Deputy Minister of Health has been assigned the subject of Family Planning. The permanent non-political Head of the Ministry is termed the Secretary, Ministry of Health.

History

In 1958, the Government realizing the importance of family planning, signed an agreement with the Swedish Government to cooperate in order to promote and facilitate a pilot project in community family planning to take place in two or more rural areas in Sri Lanka, with the aim of extending such activities on the basis of experience found on a nation-wide scale". In 1965, family planning became a national programme. An Advisory Committee was formed in February 1966, from members of various departments, FPA, Sweden-Ceylon Project and Planters' Association. In 1970, the Family Planning Bureau was converted into Maternal and Child Health Bureau and has administrative, training, education and motivation, evaluation, supplies and publicity units for family planning activities. In 1972, the Bureau was reconstituted as the Family Health Bureau.

However, during the civil disturbances of 1971, family planning received a set back. Only after the Government regained stability, has recognition been given to the population problem. The Five Year Plan in 1972, analysed the long term trends and effects of population growth and as a result a population programme has been formulated.

This was preceded by the ILO Mission on Unemployment which placed emphasis on the effects of population growth. The UN/WHO - Family Planning Evaluation Mission which visited Sri Lanka in 1970-71, published its report in 1971, and recommended the widening of Family Health Services by integrating the preventive and curative services.

Under an agreement between UNFPA and the Government of Sri Lanka, the UNFPA is to provide $6 million to finance 11 population/family planning projects aimed at expansion of services, starting from January 1, 1973, for a period of 4 years. Project activities under this agreement will involve Ministries of Planning and Employment, Health Education, and Labour, University of Sri Lanka, Employers Organisation and labour unions and the active participation of UN, WHO, UNESCO, ILO and UNICEF. The Ministry of Planning and Employment will be the coordinating agency for the Government.

The eleven projects are:

1. National Health Manpower Study (WHO)
2. Demographic Training and Research (UN)
3. Workers' Population Education and Family Planning - Urban (ILO)
4. Workers' Population Education and Family Planning-Plantations (ILO)
5. Strengthening of Nursing and Midwifery Education (WHO/UNICEF)
6. Teaching of Human Reproduction (WHO)
7. Family Health Education (WHO/UNICEF)
8. Communication Strategy (UNESCO)
9. Family Health (WHO/UNICEF)
10. Population Education in Schools (UNESCO)
11. Law and Population (UN)

Target

The target to reduce birth rate to 25 per 1,000 by 1975, is unlikely to be achieved. The new target recommended is a birth rate of 23 per 1,000 by 1980.

Medical and Clinical Services

The Government provides services through 496 family health bureaux. Field distribution of oral contraceptives and condoms at subsidized prices is undertaken by public health midwives. 1973 recorded a 36% increase in acceptors over 1972.

New acceptors by methods

	IUD	Orals	Traditional	Sterilisations	Total
1969	19,537	25,284	6,766	2,949	54,534
1970	15,799	26,889	7,610	4,971	55,269
1971	11,446	25,828	7,714	4,335	49,323
1972	18,599	32,300	10,569	9,576	71,044
1973	27,528	34,214	13,941	20,248	95,931

Figures for the first quarter of 1974 indicate a trend that sterilisation is becoming the most frequently chosen method among new acceptors, amounting to 35% of the total number of acceptors, while pill recruited 28% and IUD 24% - 2,823 sterilisations, 2,366 orals and 1988 IUDs.

The Ministry of Health decided in October 1973, to sell orals at 60 cents per pack and condoms 3 cents each through all family health bureaux, central and branch dispensaries, visiting stations, clinics, and field staff. The family health bureaux will be utilised as publicity centres. The sale of contraceptives will be undertaken - in addition to their normal duties - by Assistant Medical Practitioners, Pharmacists, and Dispensers. Public Health Inspectors, Public Health Nurses and Public Health Midwives were already undertaking the selling of contraceptives. Discussions are underway to expand the sales' points further at the village level through Rural Development organisations. Under a agreement with UNDP the family health bureaux are to be increased to 1,176.

Information and Education

Family Planning News Bulletin is published in English and will be expanded to cover Sinhala and Tamil.

Training

With a view to accelerating the training of institutional and field personnel, plans were drawn up in 1973 for an intensified and decentralised family health training programme. The 5,000 nurses and 1,350 midwives institutionally attached will receive a 5-day training course at the 8 Schools of Nursing (about 15-20% of the nurses and midwives have already received family planning training). Training of the 180 public health nurses and 2,080 midwives will be undertaken at 5 centres. During 1970-71, nearly all public health nurses and public health midwives participated in 6-8 day family planning training courses and 4-day refresher training courses respectively. The new training course will be broader and include family health.

Four 3-week courses have been held for 80 trainers, including medical officers, sister tutors, divisional health educators, supervising public health nurses and public health tutors. Also during 1973, 131 medical officers attended week long courses in family planning. The family planning in-service training programme at the Institute of Hygiene, Kalutara, has trained a total of 249 personnel in 1973 - 165 nurses, 51 midwives and 33 public health inspectors.

Research and Evaluation

A KAP Survey was carried out in Jaffna and Matara S.H.S. Divisions among women in the fertile age group 15-49 during the first 6 months of 1973. Based on the 1971 census list, a total of 2,624 households were selected. 75% of the sampled women could spontaneously mention at least one method. The most frequently named method in Jaffna was sterilisation and in Matara the pill. 35% in Matara and 20% in Jaffna had heard of Depo Provera although it is not a part of the Governmental programme. Withdrawal and rhythm methods were practised by most followed by pill and IUD.

OTHER

A National Seminar on Law and Population was organised by the Law and Population Project in January 1974. The Seminar was arranged to report on the completion of the main parts of the Constitution of the Laws, decisions of court, customs, regulations, governmental orders and circulars which in any way could affect population growth or decline in Sri Lanka.

The Labour Ministry continued its Workers' Education scheme on family planning and arranged two day seminars in different parts of Sri Lanka.

In 1973 the World University Service, the University of Sri Lanka and the Students' Council started a "Education for Family Life" project at the Colombo Campus. This is to be extended to the Peradeniya Campus.

OTHER ASSISTANCE

IPPF provides annual assistance to the FPA.

United Nations Development Programme (UNDP)

A 5 million rupees grant has been given by UNDP to increase the number of F H Bureaux from 496 at present to 1,176.

Swedish International Development Authority - has been providing assistance since 1958. Until 1968, with their assistance - 375 family planning clinics were equipped and 452 medical officers, 193 public health nurses, 526 public health inspectors, 1,261 public health midwives were trained in family planning. Total aid was about US$1.2 million. Since 1968, US$0.4 million was given to provide contraceptives, vehicles, clinical equipment, advisor in training and information and short-term consultants, if required for a two-year period. The current agreement between Sweden and Sri Lanka expired on June 30, 1974 and a new 3-year agreement will be signed with a total allocation of $2.8 million.

Canadian International Development Agency (CIDA) - gave $300,000 to the FPA for the Scientific Congress held in 1974.

World Assembly of Youth (WAY) - holds Youth Seminars

Population Council - In 1973, provided IUDs to the Ministry of Health.

References

United Nations - Report of the Family Planning Evaluation. Mission to Ceylon - 1971.

ILO - Technical papers of an interagency team organised by the ILO 1971.

Far East and Australasia 1974. Europa Publications Ltd. U.K.

Europa Yearbook 1973.

Annual Report of the FPA 1973.

Report from the Office of the SIDA Advisor, Family Planning, Colombo, Sri Lanka, for the period, October 1973 - March 31, 1974.

Situation Report

Country TAIWAN Date JANUARY 1975

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01.839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			35,961 sq. kms.[1]
Total Population	7.5 million	10.8 million	15.13 million (1972)[2]
Population Growth Rate	3.2%	3.3%	1.9% (1973)[2]
Birth Rate	45.9	39.5	24.15 per 1,000 (1972)[3]
Death Rate	11.6	6.9	4.7 per 1,000 (1972)[4]
Infant Mortality Rate	34.5	30.5	19 per 1,000[1]
Women of Fertile Age (15-44 yrs)		2,135,677	3,239,000 (1972)[3]
Population Under 15			42% (1970)[5]
Urban Population	53.8	57.7	65.0 (1971)[2]
GNP Per Capita		US$124 (1958)	US$430 (1971)[6]
GNP Per Capita Growth Rate			7.1% (1960-71)[6]
Population Per Doctor	2,200	2,243	1,306 (1972)[3]
Population Per Hospital Bed			3,010 (1967)[7]

1. Studies in Family Planning Vol. 3 No.3 Population Council March 1972.
2. Local estimates.
3. Studies in Family Planning, Population Council, Vol. 5 No.9, September 1974.
4. East Asia Review, 1972. Studies in Family Planning, Population Council, Vol. 4 No. 5, May 1973.
5. Taiwan's Family Planning in Charts. Chinese Center for International Training in Family Planning, 1971.
6. World Bank Atlas, 1973.
7. UN Statistical Yearbook, 1970.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Taiwan is situated some 200 miles from Mainland China, it consists of the territory remaining under Nationalist control after 1949. The island is 245 miles long and only 85 miles across at its widest point.

Taiwan has one of the highest population densities in the world, 408 per sq. km. Most of the population live in the fertile western half of the island. The other half of the area is mountainous with few inhabitants.

Administratively, Taiwan is a province of the Republic of China. Taipei, capital of the Republic, is a separate administrative area.

Ethnic

The population is divided into native Taiwanese and those who came from the Mainland with the Nationalists in 1949. Taiwanese constitute about 86% of population, the immigrants 14%.

Language

The official language is Mandarin Chinese; native Taiwanese use local dialects. English is widespread.

Religion

Most of the population accept a mixture of Buddhism, Toaism and Confusianism. Less than 10% are Buddhist proper; about 2% Protestant and 1.5% Roman Catholic. Religious opposition to family planning is slight.

Education and Communications

9 years of free education is provided for all children. The first six years are compulsory. Plans are being made to make secondary education compulsory. In 1970/71 there were 91 universities and higher education colleges.

Radio sets per 1,000 families - 650 (1972)
Daily newspaper circulation per 1,000 families - 83 (1972)

Economy

The economy has grown rapidly despite heavy military expenditure; this was due largely to U.S. aid and a background of Japanese colonisation.

Emphasis is being placed on exporting manufactured goods and away from agriculture which now contributes only 19% of the national income.

Main agriculture products are: rice, sugar, sweet potatoes and groundnuts.

Main industrial products: processed food, textiles, chemical products, tobacco and wine.

FAMILY PLANNING SITUATION

Family planning began in Taiwan in 1954 with the organisation of the Family Planning Association of China. The Government accepted responsibility for the family planning programme in May 1968 and the following year an official national population policy was promulgated.

Legislation

There is no adverse legislation relating to contraception or sterilization. Abortion is at present illegal but easily available. Reform of the abortion law is under consideration.

FAMILY PLANNING ASSOCIATION

There are currently two Associations in Taiwan; The Planned Parenthood Association of China, which is in joint control of Taiwan's family planning programme and the smaller Family Planning Association of China.

1. Planned Parenthood Association of China (formerly Maternal and Child Health Association)

History and Programme

The Maternal and Child Health Association was formed by the Government in 1963 and has been jointly responsible for the family planning programme in co-operation with the Provincial Health Department since 1964. It changed its name to PPAC in 1968. Although voluntary, the Association has been operated by staff of the Taiwan Provincial Department, in their capacity as private citizens.

Until the establishment of a government programme the PPAC ran a comprehensive family planning programme. Its main function now is to run experimental projects and campaigns for specific groups. For example, it has tested an Educational Savings Pilot Project which encourages parents to plan their families by providing schooling funds as long as they practise family planning. The Association has also conducted a sterilization campaign.

It supplies the Government programme with both orals and condoms (donated by Pathfinder Fund) and also with IUD's. The Association pays half the cost of loop insertions to private doctors, from counterpart funds.

It provides full support to the Government IEC programme and publishes a quarterly newsletter, in Chinese.

Full details of the programme are given under the heading "Government Programme".

2. Family Planning Association of China

Address

No. 1 Lane, 160,
Fu Hsin South Road,
Taipei,
Taiwan,
REPUBLIC OF CHINA.

Personnel

Hon. President: Dr. Sun Fo

President: Senator K L Chiang

Secretary General: Mrs. Tze-kuam Shu Kan

The FPAC was organised in 1953 and chartered by the Ministry of the Interior in 1954. The Association began in Taipei city and in 1961 expanded to a national level. However, it still concentrates on Taipei and other large cities. Its work is comparatively insignificant, recruiting less than 1% of acceptors.

Apart from family planning, the Association provides a Child Placement service which was established in 1970. It offers advice on adoption and provides information for the temporary care of children.

The Association makes its facilities available to education organisations for on the spot training with their instructors.

From 1963 the Association launched an educations programme for low income people in Taipei city. The programme includes home visits, free treatment at district clinics, mobile clinic service and free cancer therapy.

GOVERNMENT PROGRAMME

Although the Government announced an official programme only in 1968, it has been involved in a family planning programme since 1962. Initially, the programme relied heavily on foreign assistance. In 1968, the Government provided 13% of family planning budget; in 1972 this was raised to 37%.

The goal was to reduce rate of population growth from 3% in 1963 to 1.9% in 1973. By the end of 1973 the target was reached. A new target of 1.5% is under consideration for 1980.

History

In 1962, a pre-pregnancy health programme was carried out in the city of Taichung under the direction of the Provincial Maternal and Child Health Institute and the Joint Commission on Rural Reconstruction. The results showed the acceptability of family planning, and in particular the popularity of the IUD.

Using data from the Taichung study, a national programme was initiated in 1964 under control of the Medical Advisory Board. To obtain finance for this development, a 10-year Health Plan for Taiwan was devised, which showed conclusively the difference in cost between controlled and uncontrolled fertility. The saving in education with control was particularly noticeable. This Health Plan called for 600,000 loop insertions within 5 years, which was calculated to produce the required drop in population growth. The Taiwan Population Studies Centre obtained the necessary finance from interest on US/AID loans to Taiwan, and the programme got under way during 1964.

Originally the programme was carried out by two organizations, the Committee on Family Planning (CFP) and the Taiwan Population Studies Center (TPSC) both under the Taiwan Provincial Health Department. In early 1969 the TPSC was incorporated into an enlarged Committee on Family Planning which is now the main body responsible for family planning programmes. In November 1970 the programme of Taipei City was separated from Taiwan Province, following the establishment of Taipei City as a national city. However, the targets and operation of the two programmes are co-ordinated.

The CFP consists of six divisions: Planning and Evaluation, Training, Education, Supervision, Research and Survey, and Data Processing.

Services

An oral programme was started in 1967 to provide an alternative for IUD drop-outs. Since 1970 it has been offered to all married women. In 1970 condoms were introduced. Both orals and condoms are distributed at health centres and government clinics. IUDs are inserted by doctors most of whom are private.

Taiwan Area: Contraceptive acceptors by method, 1967-1973

Year	IUD*	Pill	Condom
1967	121,108	27,548	0
1968	123,670	35,781	0
1969	130,358	32,208	0
1970	143,294	55,084	49,123
1971	155,580	79,169	61,294
1972	152,258	66,615	53,457
1973	149,884	58,376	52,258

*- includes reinsertions

An island wide KAP study taken in mid 1973 indicated that about 55% of married women of child-bearing age were using some family planning method. About half of these obtained supplies, IUD insertions and sterilization operations outside the official programme.

Costs:		
	IUD	US$1.58 (half doctor's fee)
	Orals	13 cents per cycle
	Condoms	7 cents per dozen

Fieldwork

There are about 450 full time lay motivators (field workers) operating from health stations throughout the isalnd. They go from door to door talking to women about family planning and referring them to doctors for loop insertions.

The Taichung survey, which began in 1963, found that home visiting by fieldworkers is the best approach for gaining new acceptors. In the past ten years about 60% of all acceptors have been recruited in this way.

In addition there are Village Health Education Nurses who teach hygiene, basic medical knowledge and family planning in rural areas.

Information and Eduaation

Since 1972 emphasis has been placed on promoting the two child family ideal. Mass media are used extensively for family planning education. In 1972 the Government bore most of the cost for television broadcasting.

Several family planning films have been made and widely shown, and posters, flyers, leaflets and other information material are distributed. Posters are used on buses and family planning is illustrated on stamps and matchboxes. Contests are held in newspapers.

Post partum mailing is undertaken, with limited success.

A pilot telephone consultation service was run by the Taipei Family Planning Promotion Center during 1973. Following the success of this project another pilot study began in July in Taichung. Under this scheme the Center rings people up, at random, using the phone directory as a reference source. After two months an assessment indicated that of those people reached, about 60% were women aged between 20-39 years.

Since 1971/2 population and family planning education has been integrated into primary school education with a special medical education committee revising text books for the purpose. Plans include extending text book revision to other grades. A small booklet stressing the need to plan one's family, entitled "Paste Your Umbrella Before the Rain", is distributed to all graduating junior high and high school students.

Educational Incentives Project

The project began in a township in Taiwan in September 1971 on an experimental basis. The aim is to reward married women under 30 who limit their family size to 3 or less children by providing funds to enable them to send their children to secondary school and university. In the first year, 67% of the eligible couples enrolled. Following a promotional campaign by the Taiwan Provincial Family Committee and the PPAC, 96% of elible couples enrolled during the second year.

Research and Evaluation

Taiwan's family planning programme has been particularly successful in lowering the fertility rate. In 1960-64 the natural increase rate was 3.0%. A target was set of reducing this to below 2% by 1973. This was, in fact, achieved by 1972 when the birth rate had fallen to 24.15 per 1,000 and the natural increase rate to 19.4 per 1,000. Recent analysis of five fertility studies in Taiwan indicates that of the decline in crude birth rate between the years 1961 and 1970, about 21% can be attributed to rising age at marriage, 12% to changing age structure and 61% to declining marital fertility. The latter was responsible for 98% of the fertility decline during 1970-72 period.

Analysis indicates that the fertility decline was largely restricted to the over-30 age group. Concern was expressed that the number of women aged 20 to 25 would rise by 60% over the period 1968 to 1973 due to the post war baby boom. As a consequence information and education campaigns have concentrated on this age group. However, studies have indicated that the fertility rate for this group fell in 1971 and 1972 (1973 figures not available). The role of the educational campaign in affecting this decline has not yet been evaluated.

The natural increase rate had in fact begun to decline before the 1960's when family planning services were introduced - although the decline was not as great as during the last decade. Taiwan's rapid economic development has been widely cited as an influential factor in bringing about the fertility decline. Since the second world war Taiwan has experienced an economic boom bringing with it increased educational attainment, exposure to mass media and a change in social values.

Despite these encouraging trends the ideal family size still remains comparatively high - 3.8. Emphasis is now being given to encouraging a two child family norm. At the same time the country is beginning to examine longer term demographic measures - a review of laws concerning family planning and related questions has nearly been completed; child allowances for government employees are reduced after the third child. Progress is being made in integrating sex education and population topics into educational curricula and plans are being made to concentrate on remote rural areas, fishing villages etc. where fertility is high.

OTHER FAMILY PLANNING ORGANISATIONS

1. Maternity and Child Health Demonstration Project

The Project was established in 1970 and ended in 1973. It aimed to provide a family planning service within a wide range of maternal and child health programme. The project ran an adolescent clinic, a Baby Well clinic, pre and post natal clinics and an infertility clinic. Gynaecological, obstetrical and pediatric care were also provided. The Project was supported by the American Bureau for Medical Aid to China.

The family planning programme was carried out at two hospitals; each running 3 clinics a week. The Project ran an extensive IE&T programme giving particular emphasis upon training of professional staff. It encouraged the introduction of sex education into the formal educational system as well as conducting KAP studies amongst its clients.

2. The Chinese Center for International Training in Family Planning

Address

P.O. Box 112,
Taichung,
Taiwan,
REPUBLIC OF CHINA.

Personnel

Director: Jeff Tsai M.P.H.

The Center was established in 1968 at the request of the East Asian Population Conference. It is mainly financed by the Population Council with USAID funds.

The Center provides field training for people who are responsible or who will become responsible, for supervising a family planning programme. The trainees come mainly from East Asia. Short orientation courses in Taiwan's family planning programme are given, as well as more organised courses in administration, planning, education, training and evaluation. Courses run from one to two weeks.

In 1973, 3,377 visitors from more than 20 countries attended the Center and 222 people had received training in the first 8 months of 1974. With family planning programmes now established in most East Asian countries emphasis in 1975 is being given to comparing the experience of participants and country programmes.

Amongst other publications, the Center produces on a regular basis: "Taiwan's Family Planning in Charts" and "Taiwan Family Planning Reader - How a Programme Works". Other recent publications include: "East Asia Tackles its Population Problem", "Family Planning Communication in Taiwan Area, Republic of China" (a compendium of studies), "Annotated Taiwan Population Bibliography" and "Population Growth and Economic Development" (a chartbook).

3. Taipei Family Planning Promotion Center (TFPPC)

This was established in 1972 by the Taipei City Health Bureau to be responsible for programme activities in Taipei City. A comprehensive family planning programme is carried out, with contraceptive services provided at 16 district health stations, nine hospitals and about 80 private hospitals/clinics.

Although under the supervision of the Taipei City Health Bureau, the Center receives technical assistance from both the National Health Administration and the Joint Commission on Rural Reconstruction.

4. National Taiwan University Population Studies Center

A training and research Center is to be established within the University. A draft 3 year plan has been drawn up, including a request for US$100,000 from the Population Council (this includes a budget for graduate study fellowships). It is planned to raise $85,000 from local sources.

FOREIGN ASSISTANCE

The Population Council maintains a resident representative on the island and has provided support, both financial and advisory, since 1960. More recently it has funded the Educational Incentives Project and support for the National Taiwan University Population Studies Center is under consideration.

The Council assisted the University of Michigan, Center for Population Studies, in its research into fertility and family planning in Taiwan.

Pathfinder Fund has assisted the FPA since the 1950's and provides contraceptives (pills and condoms). Currently, Pathfinder is working with a Catholic hospital to improve implementation of the rhythm method. It also supports relevant behavioural science research at the National University.

Church World Services provides contraceptives for programmes in church supported hospitals. It also works in close co-operation with Taiwan Provisional Ministry of Health in providing IUD insertions in mountain regions.

Lutheran World Relief carried out family planning in community centres.

Family Planning Federation of Japan provides commodities and aid is also given by the Brush, Asia and Ford Foundations as well as Oxfam.

SOURCES

Country Profiles, Taiwan, Population Council, February 1970.

Trends in Fertility Size, Preferences and Practice of Family Planning: Taiwan 1965-73. Studies in Family Planning; Population Council, Vol. 5 no. 9, September 1974.

East Asia Review 1972: Taiwan; Studies in Family Planning; Population Council; Vol. 4, no. 5, May 1973.

Annual & Quarterly Reports 1970-1973. Maternity and Child Health Project, Taiwan.

Annual Report, 1973. Chinese Center for International Training in Family Planning.

A Brief Introduction to FPAC, 1970.

Taiwan Office Field Report. The Population Council; July - September 1974.

Country Programs and Future Needs for International Assistance in Population and Family Planning: Taiwan. East-West Communication Institute.

Situation Report

Country TANZANIA Date DECEMBER 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01-839-2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			945,087 sq. kms.
Total Population	8,005,000	9,981,000	13,996,000 (1972)[1].
Population Growth Rate			2.6% (1963-72)[1].
Birth Rate			47 per 1,000 (1967)[1].
Death Rate			22 per 1,000 (1967)[1].
Infant Mortality Rate			160-165 per 1,000 (1967)[1].
Women of Fertile Age (15-49 yrs)			2,589,260 (1967)[1].
Population Under 15			42% (1970)[2].
Urban Population			6.5% (1970)[2].
GNP Per Capita			US$110 (1971)[3].
GNP Per Capita Growth Rate			3.1% (1960-71)[3].
Population Per Doctor		20,000 (1964)	23,000[4].
Population Per Hospital Bed			775 (1970)[5].

1. United Nations Demographic Yearbook 1972.
2. Figures provided by UNESCO office in Dakar.
3. World Bank Atlas 1973.
4. Local Estimate
5. United Nations Statistical Yearbook 1972.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Tanganyika became a Republic within the British Commonwealth in 1962. In 1964, the revolutionary regime in the former island sultanate of Zanzibar and the Republic of Tanganyika formed the United Republic of Tanzania under the Presidency of Julius Nyerere.

The 1967 Arusha Declaration, outlining a programme of self-reliance and socialism, forms the basis of government policy. Policy objectives include attempts to stem growing urbanization by developing rural areas and changing the emphasis of education.

Tanzania is one of the least urbanized countries of Africa, with about 6% of the population living in towns of which Dar es Salaam, the capital (273,000), Tanga (61,000), Arusha (32,000) and Mwanza (35,000) are the most important.

Highest population densities, reaching over 250 per sq. km.occur on the fertile lower slopes of Mt. Kilimanjaro and on the shores of Lake Nyasa. The problem of the scattered nature of the rural population has been a focus of development efforts, and attempts at both capital intensive villagization and the formation of cooperative nucleated villages (ujamaa villages) have been made.

Ethnic Groups

Although nowadays, the nation has replaced the tribe as the unit, tribal differences continue to have some significance. There are over 120 tribes, the largest of which are the Sukuma (12.45%) and the Nyamwezi (4.13%). About 8% of the population is of Asian origin.

Language

The national language is Swahili, with English as the second language. Each tribe has its own language or dialect.

Religion

There are large Christian (all denominations) and Muslim groups. Islam is the dominant religion in Zanzibar.

Economy

The agricultural sector is the backbone of the economy,accounting for 40% of monetary and subsistence gross domestic product and for almost 80% of exports. The vast majority of the population are outside the employment sector, relying on peasant agriculture for their living. In 1970, 52% of total exports were accounted for by cotton, coffee, sisal, cloves and cashew nuts. The government has deliberatly adopted a policy of agricultural diversification to avoid the problems that arose from the previous reliance on a limited number of crops with basically unstable markets and the decline in diamond production - the largest source of non-agricultural export earnings.

Running parallel with the government's attempts to raise and to diversify agricultural output is the policy of socializing the agricultural sector. The government is concerned among other things, over the mounting evidence of growing economic stratification in rural areas, and the relatively low productivity and poverty of most farmers. The aim of the policy of rural socialism is not only to prevent the growth of rural class formation, it is also to boost agricultural output by increasing farm size in order

to reap economies of greater specialization and scale. The main thrust of the attempt to socialize agriculture is concentrated on encouraging the growth of ujamaa vijijini (literally 'family-hood villages'). So far about 5,000 ujamaa villages have been established containing 15% of the total population and the numbers have been increasing in the last year; however, it is true to say that ujamaa has not made any significant inroads into areas where rural capitalism is most deeply entrenched.

The manufacturing sector of the economy is still very small accounting for only 10.2% of total gross domestic product, but it has been growing consistently for the last few years at between 10 and 15% and employs about 14% of the total labour force.

Together with Kenya and Uganda, Tanzania is a member of the East Africa Economic Community.

Medical/Social Welfare

There is one medical school in Dar es Salaam. Hospitals and health centres are run by state and Christian missions. Expectation of life at birth was estimated in 1967 at 40-41 years for both sexes.

Communications/Education

Since UDI in Rhodesia, communications between Zambia and Tanzania have been given top priority - one of the outcomes of which has been the Tan-Zam railway which is financed with an interest-free loan from the People's Republic of China.

There are 2 Swahili and 2 English daily papers. There are 2 radio stations: one broadcasts only in Swahili, the other in both Swahili and English. There is no television on the mainland, but in January, 1973, a service began on Zanzibar.

Newspapers:	5 copies per 1,000 (1969)
Radio:	15 sets per 1,000 (1971)
Cinema:	2 seats per 1,000 (1960)
Television:	0.3 sets per 1,000 (1970)

There are 2 major international airports, one at Dar es Salaam and one at Kilimanjaro which was opened in 1971.

Education throughout the system is free at government schools. Recent policy decisions have shifted the priorities within education towards further expansion of primary education, and also towards adult education, where the aim is to eradicate illiteracy by 1975. A massive campaign of "functional literacy" now involves some 2½ million students, and about 70,000 adult teachers. Almost 20 per cent of government recurrent expenditure goes on education, and has done virtually every year since independence. Most schools receive state aid, the remainder are organized by missions and other voluntary agencies. However, there are still not yet enough schools to provide universal primary education. School places are available for some 55% of 7-year olds (7 being the starting age for primary school education) and only about 9% of the pupils in the top forms of primary schools go on to public secondary schools.

There is one university.

FAMILY PLANNING SITUATION

Family planning services in Tanzania are provided by the Family Planning Association of Tanzania (FPAT) in its own clinics and in Government and mission hospitals and health centres throughout the country. In 1973, there was a total of 130 outlets from which family planning services were available. The work of the Association does not extend to Zanzibar.

Attitudes

The results of the 1967 census showed that the population was 2,250,000 larger than expected (a growth rate of 2.2% rather than 2.7% had been assumed) and this caused the Government some concern. However, although the Government accords no priority to the provision of family planning in its Social and Economic Development Programme, it welcomes the work of FPAT and permits its own district health staff to offer family planning advice and services with duty free contraceptives provided by the IPPF via FPAT. In addition, the Government permits its medical and health personnel to attend the FPAT courses in Dar es Salaam.

Political attitudes in Zanzibar are opposed to family planning.

Legislation

Zanzibar prohibits the import of contraceptives, and strictly enforces the law which makes abortion illegal. Abortion is also illegal on the mainland, except where there is a grave risk to the life of the mother.

FAMILY PLANNING ASSOCIATION

History

The Family Planning Association of Dar es Salaam was founded in 1959, and changed its name to the Family Planning Association of Tanzania in 1967. In the early years the Pathfinder Fund provided support. IPPF began giving financial assistance in 1965 when the first up-country clinics were opened. The Association became an IPPF member in 1969.

Address

Chama cha Uzazi Bora cha Tanzania (Family Planning Association of Tanzania (FPAT))

P.O. Box 1372,
Dar es Salaam,
TANZANIA.

Tel: 28322

Personnel

Chairman:	Hon. Mr. A Tandau
Vice Chairman:	Dr. S J Mamuya
Executive Secretary:	Mrs. Christine Nsekela (on sabbatical leave)
Information and Education Officer:	Mr. Adam Simbeye

Services

The demand for the services of the Association has grown considerably, and the Association has been expanding in an attempt to meet with this greater demand. Of the present total of 36 branches, 24 were established by the end of 1973 and another 5 by July 1974. The creation of more up-country branches is in accordance with the Government's policy of decentralization of responsibility to the 62 districts of Tanzania. Acceptor figures for Dar es Salaam for 1973 were as follows:

Method	New Acceptors	Continuing Acceptors
Orals	1,830	3,380
Injectables	286	4
IUD	225	451
Other	22	82

FPAT has experienced some difficulty in obtaining clinic attendance figures from the many up-country facilities to which it makes contraceptives available; it is likely therefore that the total figure of 42,892 visits attended at the 130 outlets is lower than the actual number of cases attended.

The number of infertility cases attended to by FPAT continues to increase: 900 infertile women were seen in the infertility clinic during 1973 and, during 1974 and 1975, it is anticipated that this figure will run into thousands. Eventually FPAT hopes to be able to hand over the responsibility for running its clinics to the Ministry of Health.

Information and Education

It is the policy of FPAT to place strong emphasis on the maternal and child health aspect of family planning and to put child-spacing in the wider context of the "ujamaa" way of life.

In urban areas during 1973, the I&E Department distributed 282,000 copies of five different types of leaflet and of 1 poster. In addition they held an exhibition at the International Trade Fair and showed family planning films. Health education talks were given to 3 industries and to the police force; those attending numbered approximately 560. It is estimated that 70% of the urban population was reached by the I&E programme. In rural areas 5 seminars were held for leaders from political bodies, trade unions, parents' and womens' organisations. As in the urban areas, FPAT staff gave health education talks and showed family planning films.

Projects to be carried out during 1974 will be directed towards key sectors of the community - e.g. policy makers, party leaders and village leaders. It is intended to double the production of appropriate publicity materials in support of the overall programme. FPAT also intend to establish a mobile film unit to provide the public, in both urban and rural areas, with the opportunity to see films on family planning and other related subjects. A radio programme highlighting the FPAT's activities will be broadcast quarterly. In addition FPAT will produce educational records and a four-page newsletter in Swahili.

New projects for 1975 include the production of family life education books. In 1975, FPAT will consolidate its existing I&E programme and will also act in an advisory capacity for the Christian Council of Tanzania on their Family Life and Sex Education programme.

Six more health educators are to be recruited during 1975. Apart from carrying out their administrative duties, the health educators also distribute literature and supplies, run seminars and organize family planning educational programmes in their respective districts. Apart from informing potential acceptors about modern contraceptive techniques, health educators are encouraged to give information on traditional methods as well. FPAT is confident that this approach has made family planning much more acceptable to many people who had strong reservations about adopting a modern contraceptive method.

Radio Tanzania broadcasts regular talks on child spacing and the newspapers give extensive coverage to FPAT activities.

Training

The emphasis of FPAT's training programme is on family planning and motivational training for paramedicals.

In 1973 a considerable number of health personnel attended a training course in contraceptive techniques and in clinic management; more than 50% of the participants were government personnel.

In 1974, a similar training programme has been followed. These courses and the Tutors' Course (started in 1974) will continue in 1975. It is hoped that the Tutors' Course will enable tutors from nurses training schools to plan and implement a family planning course as part of their school's curriculum so that eventually each school will be able to include a family planning content within its own curriculum with little or no reference to FPAT. In 1975, a second training centre will be established at the Kilimanjaro Christian Medical Centre in Moshi to provide clinic management courses for candidates from Moshi and nearby districts.

Fund Raising

Due to certain setbacks in the fund raising programme, FPAT was not able to reach the target set for 1973. In consequence the post of Fund Raiser has been abolished; nevertheless, FPAT will hold a small number of functions to raise money in 1975.

Evaluation

A member of the IPPF Evaluation Department visited Tanzania to review the FPAT's training programme. After the visit, it was strongly recommended that the new training centre at Moshi be put into operation. There is a possibility that at some future date, a review of the teaching methodology will take place.

Foreign Assistance

1. IPPF gives an annual grant to FPAT.
2. USAID is providing the Government with financial assistance for the construction of MCH training centres and out-stations.
3. UNFPA has helped finance the printing of census publications.
4. IDRC is assisting the University of Dar es Salaam with a fertility survey.

5. FPIA has provided assistance to the Tanzania Christian Medical Association for in-service family planning traineeships.
6. Population Council is providing a demographer for the staff of the University of Dar es Salaam who also advises the Central Statistical Bureau on census analysis.
7. World Neighbors' rural workers are involved in programs including family planning education.
8. Family Planning Federation of Canada has assisted with family planning training for 100 nurse/midwives.
9. The Governments of Sweden, Norway, Finland and Denmark have been negotiating with the Tanzanian Government proposed assistance in a country-wide rural health programme which would complement family planning efforts.
10. Oxfam assists with MCH and family planning work.

SOURCES

FPAT Annual Report 1973.

Africa South of the Sahara 1974.

Africa Contemporary Record 1972/73.

Situation Report

Distribution

Country TONGA Date NOVEMBER 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01 839 2911/6

STATISTICS	1950	1960	LATEST AVAILABLE FIGURES
Area			699 sq. kms.[1.]
Total Population	48,000	63,000	91,000 (1971)[1.]
Population Growth Rate		2.9	3.2% (1963-71)[1.]
Birth Rate	39.3	36.5	28.3 per 1,000 (1971)[1.]
Death Rate	9.2	4.6	3.2 per 1,000 (1971)[1.]
Infant Mortality Rate	44.7	15.5	16.0 per 1,000 (1971)[1.]
Women in Fertile Age Group (15-44 yrs)			15,508 (1966)[2.]
Population Under 15			n.a.
Urban Population			n.a.
GNP Per Capita			US$300 (1971)[3.]
GNP Per Capita Growth Rate			3.3% (1960-71)[3.]
Population Per Doctor			3,214 (1970)[4.]
Population Per Hospital Bed			390 (1969)[4.]

1. UN Demographic Yearbook 1972.
2. UN Demographic Yearbook 1971.
3. World Bank Atlas 1973.
4. UN Statistical Yearbook 1972.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Tonga, formerly an independent kingdom under British protection achieved full independence in June 1970 and joined the Commonwealth. Tonga consists of 158 islands in the South Pacific. The capital is Nuku'alofa with a population of 15,685. The density is 130 people per square kilometre.

Language

The official language is English. Tongan, Fijian and Samoan are also spoken.

Religion

Most Tongans are Christian, the majority (77%) being Wesleyan Methodists.

Economy

Subsistence agriculture is the basis of economic life. The Tongan land system is unique, in that every male adult is allotted 8.5 acres of land for individual garden cultivation. However, under the 1965-70 and 1970-75 Development Plans attention is given to coconut replanting, in order to restore the copra industry, which with bananas, forms the basis of its export trade. The main trade partners are the Commonwealth countries.

Communications/Education

Broadcasting is administered by the Tonga Broadcasting Commission in English and Tongan. In 1971, there were 8,000 radio receivers in use, i.e. about 89 per 1,000 population. 5 cinemas with a seating capacity of 3,600 were operating in 1969. A weekly newspaper in Tongan and English sponsored by the Government has a circulation of 19,200. Education is free and in 1970, there were 129 primary and 21 secondary schools. The Teachers Training College is situated in Nuku'alofa.

Medical

Medical treatment is free which is provided by the state and the churches. In 1970, there were 7 hospital establishments with 223 beds. 28 physicians, and 90 nurses, and 36 midwifery personnel provided services in 1971.

Legislation

No information.

FAMILY PLANNING SITUATION

There is a Family Planning Association in Tonga. The Government has provided family planning services since 1958. The Government has included family planning in its Five-Year (1975-80) Economic Development Programme. The Prime Minister, H H Prive Tu'ipelehake has agreed to serve as Patron of the Tonga Family Planning Association. Most opinions, including those of the Church are in favour of family planning.

FAMILY PLANNING ASSOCIATION

Address

Tonga Family Planning Association,
P.O.Box 80,
Nuku'alofa,
TONGA.

Officials

President: Dr. M Tatola

Vice-President: Mrs. T T Tonga

Secretary Treasurer: Mr. S Latu

Assistant Treasurer: Mr. S Fine

Medical Officer: Dr. M Tatola

Information, Education, Communication Officer: Dr. M Tatola and Dr. L Malolo

History

The Tonga Family Planning Association was formed in November 1969 with guidance from the Family Planning Association of Fiji. The long range goal of the Association is to reduce the birth rate to approximately half its present level so that Tonga's population will grow no faster than a manageable 1% a year. The Association at present gives priority to information and education activities.

The Association is making efforts to meet the following objectives:

a) to convince as rapidly as possible all influential members of family planning;

b) to publicize family planning in the villages and in the schools through films, signposts, radio broadcasts, speeches and debates;

c) to assist the Medical Department in every way in its programme to make family planning information and supplies available to all the people of Tonga.

Since 1971, the Association has been receiving an annual grant of $100 from the Government in recognition of its work.

Government Programme and History

Tonga's interest in family planning started in 1953 when the Minister of Health and Land presented a paper on population in relation to resources at the second South Pacific Commission Conference. At the next South Pacific Commission Conference in 1956, Tongan delegates suggested family planning means and guidance be given to mothers at MCH clinics. In 1958, nurses were trained in family planning and in 1965 the Government decided to start a Family Planning Project. A doctor was sent to Fiji for training in insertion of IUDs and IUD services were provided in Vaiola Hospital MCH clinic. In December 1967 a seminar on MCH and family planning was held in Nuku'alofa and a programme offering family planning services in all twenty Tongan MCH clinics was planned.

WHO provided a medical officer in 1972 for 10 months during 1972-73 to help in implementing the country's family planning programme. WHO further increased its support at the beginning of 1973 by assigning a health educator to Tonga for a 3-year term. Tonga also received help from UNFPA in 1973 through a grant of $57,000.

Dr. Mumui Tatola is the medical officer in charge of family planning in Tonga.

Training

During the 1967 seminar, eight doctors received some training in IUD insertions.

OTHERS

WHO - provides technical assistance.

UNFPA - $57,000 were given in 1973.

Pathfinder - supplied condoms.

Population Council - supplied 2,000 IUDs.

References

The Far East and Australasia 1973, Europa Publications Ltd., London, U.K.

Situation Report

Distribution

Country WESTERN SAMOA Date NOVEMBER 1974

International Planned Parenthood Federation, 18/20 Lower Regent Street, London S.W.1 01-839-2911/6

STATISTICS	1960	LATEST AVAILABLE FIGURES
Area		2,842 sq. kms.[1.]
Total Population	120,000 (1963)[1.]	148,000 (1972)[1.]
Population Growth Rate		2.4% (1963-72)[1.]
Birth Rate		27.2 per 1,000 (1972)[1.]
Death Rate		3.6 per 1,000 (1972)[1.]
Infant Mortality Rate		27.1 per 1,000 (1972)[1.]
Women in Fertile Age Group (15-44 yrs)		n.a.
Population Under 15		n.a.
Urban Population		29,089 (1971)[1.]
GNP Per Capita		US$140 (1971)[2.]
GNP Per Capita Growth Rate		0.3% (1965-71)[2.]
Population Per Doctor		2,745 (1971)[3.]
Population Per Hospital Bed		222 (1971)[3.]

1. UN Demographic Yearbook 1972.
2. World Bank Atlas 1973.
3. UN Statistical Yearbook 1972.

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* This report is not an official publication but has been prepared for informational and consultative purposes.

GENERAL BACKGROUND

Western Samoa was a German colony before World War 1 and a UN Thrust Territory Administered by New Zealand until 1962 when it became independent. It is now a member of the Commonwealth. Western Samoa has a parliamentary form of government. All powers are vested in the Head of State, assisted by the Prime Minister and the Cabinet. Western Samoa consists of two large islands - Savaii and Upolo - and seven smaller ones. The capital is Apia with a population of 25,391. Density was 52 people per square kilometre in 1972.

Ethnic

Most of the inhabitants are Polynesians.

Language

English and Samoan.

Religion

The Population is almost entirely Christian.

Economy

The garden cultivation of subsistence crops forms the basis of traditional life, but much attention is also given to cash-crop production, particularly of copra, cocoa and bananas for export. The Five-Year Development Programme 1966-70 aimed at increasing yields from these crops and at diversification of new crops and livestock. The rapid rate of population growth has caused concern.

Communication/Education

The Western Samoa broadcasting station commenced operation in 1948 and broadcasts in English and Samoan. There were 50,000 radio receivers and 800 television sets in use in 1970. Two weekly and one fortnightly newspapers are published in English and Samoan. There were also 14 cinemas with a seating capacity of 1,900 in 1971.

Government and mission schools provide education up to high school. In 1966 there were 169 primary, 39 intermediate and 15 secondary schools with 34,000 pupils.

Medical

The Health infrastructure is good and in 1971 there were 15 hospital establishments with 630 beds, 51 physicians, 13 dentists, 1 pharmacist, 317 nurses and 8 midwives providing medical services.

FAMILY PLANNING SITUATION

Family planning services are integrated into the Maternal and Child Health Services of the Health Department. A Family Planning Association also provides services.

FAMILY PLANNING ASSOCIATION

Address

Samoa Planned Parenthood Association,
P.O.Box 727,
Apia,
WESTERN SAMOA.

Officials

President:	Hon'ble Vaai Kolone, M.P.
Vice-President:	Hon'ble Leaupepe Faimaala, M.P.
Hon. Treasurer:	Seuamuli S Bentin
Hon. Secretary:	Poloma Eteuati
Executive Director:	J C Larkin

History

Formed towards the end of 1972 as the Family Planning Association of Western Samoa, the Association changed its name to Samoa Planned Parenthood Association in December 1973. The Association has two branches in the rural areas and its membership now stands at 770. The Association's motivational programme is making good progress and showing an impact on the national family planning programme.

GOVERNMENT

Programme

In 1968, a UN/WHO group made a three-week tour of Western Samoa and recommended the establishment of a family planning service within the maternal and child health network.

In December 1970, the Government submitted a request to UNFPA for assistance on a 3-year project for family planning activities. The 3-year project with a total funding of $78,200 was launched in 1971 and had the following as its objectives:

a) To organise and make available to the whole population, services related to human reproduction and fertility, including spacing and limitation of births and treatment of sub-fertility;

b) To stimulate activities to make the people aware of the causes and consequences of rapid population increase.

The Government has included family planning in its Five-Year (1975-80) Economic Development Programme.

Women's Committees at the village, district and national levels are being used for supporting the Government campaign. Government provided a multi-purpose headquarters for National Women's Council in Apia, where the Health Department runs a family planning clinic.

Contraceptives offered are tubal ligation, orals, IUDs, and condoms. Instruction on rhythm method is also provided.

Training

Training is provided to all district nurses and medical officers.

OTHER ORGANISATIONS

Christian Family Life Clinic (Apia) - provides advise regarding the ovulation method.

ASSISTANCE

World Health Organisation - provides technical & financial assistance.

References

Far East and Australasia 1973, Europa Publications Ltd., London, U.K.